

CONTRACTOR TECHNICAL INFORMATION RECORD

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS.**

NAME AND ADDRESS OF CONTRACTOR	FSCM	CONTRACTOR METHOD OF ACQUISITION
		<input type="checkbox"/> MAKE <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> COMPETITIVE
		CONTRACTOR TECHNICAL INFORMATION CODE (CTIC)

SECTION I - IDENTIFICATION

1. NSN	2. PART NUMBER	3. NOMENCLATURE	4. DESIGN ACTIVITY FSCM
5. SPECIFICATION OR SOURCE CONTROL, ALTERED OR SELECTED PART DRAWING NUMBER	6. SOURCE CONTROL ACTIVITY	7. CONTRACT NUMBER	
	8. SOURCE CODE	9. ESTIMATED UNIT COST \$	10. ESTIMATED PRODUCTION LEADTIME (Weeks)

SECTION II - DESIGN STATUS

11.	<input type="checkbox"/> STABLE	<input type="checkbox"/> UNSTABLE
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SECTION III - MANUFACTURING

12. MASTER TOOLING	YES	NO	16. HIGH REJECTION RATE	YES	NO
13. SPECIAL TESTS OR INSPECTION			17. HIGH RELIABILITY		
14. CLASS I CASTINGS AND FORGINGS			18. OTHER		
15. REQUIRES ENGINEERING SOURCE APPROVAL					

SECTION IV - TECHNICAL DATA PACKAGE

19. CONTRACT REQUIRES DELIVERY OF ADEQUATE TECHNICAL DATA	YES	NO	22. LIMITATIONS ON USE OF DATA INVOLVED	YES	NO
20. CAN GOVERNMENT ACQUIRE TECHNICAL DATA NOT REQUIRED BY CONTRACT?			23. CAN GOVERNMENT ACQUIRE UNLIMITED RIGHTS?		
21. ESTIMATED COST OF ADDITIONAL TECHNICAL DATA \$			24. ESTIMATED COST OF OBTAINING UNLIMITED RIGHTS \$		

SECTION V - TOOLING AND FACILITIES

25. SPECIAL TOOLING <input type="checkbox"/> YES <input type="checkbox"/> NO	26. OWNERSHIP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR	27. TOOLING LOCATION FSCM
28. AVAILABLE FOR OTHER PROGRAMS <input type="checkbox"/> YES <input type="checkbox"/> NO	29. OTHER FACTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	30. ESTIMATED COST \$
31. SPECIAL PRODUCTION FACILITIES <input type="checkbox"/> YES <input type="checkbox"/> NO	32. SPECIAL TEST EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	33. OWNERSHIP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR

SECTION VI - QUALIFICATION, INTEGRATION, RELIABILITY TESTING

Complete if Section III - 13 is marked "Yes." Explain facts in "Remarks" section.		34. IDENTIFY SPECIFICATION	
35. QUALIFICATION TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR		38. ESTIMATED TIME AND COST TO GOVERNMENT	
36. INTEGRATION TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR		QUALIFICATION TESTING	TIME COST
37. RELIABILITY TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR		INTEGRATION TESTING	\$
		RELIABILITY TESTING	

SECTION VII - REMARKS *(If additional space is needed for remarks, use additional pages.)***SECTION VIII - CONTRACTOR OR SUBCONTRACTOR PREPARATION**

PREPARED BY <i>(Typed Name and Signature)</i>	DATE	TELEPHONE NUMBER AND EXTENSION
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SECTION IX - GOVERNMENT ACTION

AMC/AMSC ASSIGNED

ASSIGNED BY <i>(Typed Name and Signature)</i>	DATE	TELEPHONE NUMBER AND EXTENSION
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